

JACQUELINE SAMPAIO
30 MAIN ST STE 17
ASHLAND MA 01721
RENEWAL 03/11/2021

**DECLARATIONS.MASSACHUSETTS
BUSINESS AUTO COVERAGE FORM
SCHEDULE
Office/Agent:
Policy No:**

**ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN
VEHICLE INFORMATION
DESCRIPTION**

Auto No.	Year	Make	Model	Cost New	Size GVW, GCW or Vehicle Seating Capacity	Territory	Town and State Where the Covered Auto will be Garaged	Territory/Premium	Town/Zip
010	2015	MERZ	SPRINTER	TR	42160	Light	ASHLAND 006	631 /	
011	2019	MERZ	SPRINTER	TR	45000	Light	ASHLAND 006	631 /	
Auto No.	Use	Symbol	Age	Class	Radius	Mobile Equipment	Inspect Code	Loss of Use Amount/Days	
010	Service		7	011890	Local		9	060 / 030	
011	Service		3	011890	Local		9	060 / 030	/

LIABILITY LIMITS (* Limit(s) in Thousands)

Compulsory Bodily Injury (\$20,000/\$40,000)		Personal Injury Protection \$8,000 Each Person		Optional Bodily Injury		Property Damage (Compulsory Limit \$5,000)		Auto Medical Payments		Uninsured Motorist (Compulsory Limits \$20,000/40,000)		Underinsured Motorist	
Auto No.	Premium	Premium	* Limit	Premium	* Limit	Ded.	Premium	Limit	Premium	* Limit	Premium	* Limit	Premium
010	202	15	CSL 1000	838	CSL		INCL	5,000	10	100 300	10	100 300	49
011	202	15	CSL 1000	838	CSL		INCL	5,000	10	100 300	10	100 300	49

PHYSICAL DAMAGE

Auto No.	@ Value Type and Limit	** Specified Perils			Comprehensive		Collision		Limited Collision		*** Waiver of Ded.	*** Loss of Use	*** Towing and Labor
		Cov.	Ded.	Premium	Ded.	Premium	Ded.	Premium	Ded. Premium				
010	ACV				500	180	500	416			YES	144	
011	ACV				500	250	500	641			YES	144	

** F - Fire Coverage, T - Theft Coverage, F & T - Fire and Theft Coverage, CAC - Combined Additional Coverage

*** YES Designates Waiver of Deduction/Loss of Use/Towing and Labor applies.

Designates Policy Level Additional Insured-Lessor applies

@ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the Limit of Liability

Auto No.	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of loss.												
010	HUNTINGTON NATL BANK 2361 MORSE RD COLUMBUS OH 43229												
011	CITIZENS BANK*PO BOX 255587 SACRAMENTO CA 95865												

STAT CODES

AUTO NO.	CAR ID	TYPE RISK	PIP COV.	DED.	BI	PD	MED	U1	U2	BCC	COLL	LOSS OF USE	O.T.C.	AGE	SYM	ATD	EXP.	P R
010			01	01						0				7		0	N	
011			01	01						0				3		0	0	0

BATCH	SEQ.	REP	CURR DATE	AGENT	RUN SEQ.	END NO.	F	LAST DATE	CDT
WFS	000	0	024	0	000	00	V	000	

MM 00 97 09 98

INSURED

**HOMEOWNERS RENEWAL POLICY DECLARATIONS CERTIFICATE
MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION**

Two Center Plaza, Boston, Massachusetts 02108-1904

(617)723-3800, (800)392-6108, FAX (800)932-6717

POLICY NUMBER**POLICY PERIOD**

From 2/21/2021 To 2/21/2022

12:01 AM Standard time at the residence premises.

NAMED INSURED & MAILING ADDRESS

JACQUELINE SAMPAIO

41 PLANTATION ST

WORCESTER, MA 01604

PRODUCER

BUCKLEY INSURANCE AGENCY, INC.

398 BELMONT ST

WORCESTER, MA 01604

THE RESIDENCE PREMISES COVERED BY THIS POLICY IS LOCATED AT:

41 PLANTATION ST, WORCESTER, MA 01604

We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions.

Coverage is provided where a Premium or Limit of Liability is shown for the Coverage.

SECTION I COVERAGES:

	LIMIT OF LIABILITY	PREMIUM
A Dwelling	\$543,000	\$3,081
B Other Structures	\$27,150	
C Personal Property	\$162,900	
D Loss of Use	\$162,900	

SECTION II COVERAGES:

E Personal Liability - each occurrence	\$500,000	\$47
F Medical Payments to Others - each person	\$5,000	\$11
TOTAL BASE PREMIUM		\$3,139

DEDUCTIBLE - SECTION I: \$2,500**FORM & ENDORSEMENTS** made part of this policy at the time of issue.

DED ADJ	10/00	DEDUCTIBLE ADJUSTMENT	-\$868
HO 00 03	10/00	SPECIAL FORM	
HO 01 20	9/01	SPECIAL PROVISIONS - MASSACHUSETTS	
HO 04 16	10/00	PREMISES ALARM OR FIRE PROTECTION SYSTEM	-\$71
		Credit: 2%	
HO 04 27	4/02	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE	
		Section I \$10,000	
		Section II \$50,000	
HO 04 90	10/00	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT	\$462
HO 04 96	10/00	NO SECTION II-LIABILITY FOR HOME DAY CARE COVERAGES	
HO 16 10	1/09	WATER EXCLUSION ENDORSEMENT	
HO 23 71	7/05	MASSACHUSETTS TENANTS RELOCATION EXPENSE	\$8
HO 24 41	9/01	LEAD POISONING EXCLUSION - MASSACHUSETTS	-\$78
HO 24 82	4/02	PERSONAL INJURY	\$18
TOTAL PREMIUM ADJUSTMENT			-\$529
TOTAL ANNUAL PREMIUM			\$2,610

THE ABOVE LIMIT OF LIABILITY FOR COVERAGE A HAS BEEN ADJUSTED TO REFLECT CURRENT RECONSTRUCTION COSTS. ALL OTHER SECTION I LIMITS HAVE BEEN ADJUSTED ACCORDINGLY.

MORTGAGEE

BSI FINANCIAL SERVICES

ISAQAVATIMA

PO BOX 961260

FORT WORTH, TX 76161-0260

RATING INFORMATION: 3 FAMILY

Frame

TERRITORY 45 PROTECTION 02

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12:01 AM Standard time at the residence premises.

This policy shall not be valid
unless countersigned by us:

Boston,
Massachusetts

1/11/2021

Countersigned:

JL Cattley

UMAHOCR

Homeowners - MA

INSURED COPY